

ANNOUNCEMENT NO: WA-CG-00-102190 OPEN: 10/23/00 CLOSE: INDEFINITE

POSITION: Program Assistant (Office Automation), GS-303-5/7

NUMBER OF POSITIONS: Several

PROMOTION POTENTIAL: GS-7

PERMANENT AND TEMPORARY POSITIONS MAY BE FILLED FROM THIS VACANCY ANNOUNCEMENT.

LOCATION: Office of Information and Resources Management, Division of Human Resource Management, National Science Foundation, Arlington, VA

AREA OF CONSIDERATION: All Sources

NOTE: A standing register will be established from this announcement. A list of eligibles will be issued periodically upon request from the agency.

DUTIES AND RESPONSIBILITIES:

MAJOR DUTIES: (GS-7) Serves as Program Assistant providing administrative support to the various offices within the National Science Foundation. Receives telephone calls and greets visitors, responding to specific, non-technical questions. Refers all other calls and visitors to professional staff members. Reviews and routes incoming correspondence, handling non-technical matters personally and routing technical material to appropriate staff members. Prepares packets of proposals and mails them to ad hoc reviewers. Prepares proposals for subsequent action. Maintains records of awards, declinations and withdrawals in such a way as to allow rapid, accurate responses to status inquiries. Types travel authorizations for Program Director and panelists. Makes all arrangements for advisory panel meeting, including providing supplies, ordering refreshments, and contacting members with instructions. Establishes, maintains and retires division files, also adjusts filing system in response to changing needs. Assembles and mails proposals to advisory panel members, notes return of each review as it is received, and records the ratings assigned. Utilizes word processing and other computer software packages to generate reports, correspondence, records and briefing materials.

(GS-5/6) Duties are identical to the GS-7 duties except that the incumbent will be under greater supervisory control in the form of oral and written instruction and review of completed work.

HOW TO APPLY: You may receive a complete copy of the vacancy announcement, including information on qualifications and how to apply for this position as follows: World Wide Web at: USAJOBS at <http://www.usajobs.opm.gov/wfjic/jobs/VW0240.HTM> or USAJOBS Electric Bulletin Board at (202) 606-2700.

Address for Submitting Application Materials: Application packages may be mailed to: U.S. Office of Personnel Management
Washington Service Center
1900 E Street, N.W., Room 2469
Attn: Vacancy Announcement NO. WA-CG-00-102190
Washington, D.C. 20044

Copies of the vacancy announcement are also available at the National Science Foundation, in the Division of Human Resource Management, Room 315. If you have questions, you may contact Fred Person on (703) 292-4369. Hearing impaired individuals may call TDD (703) 292-8044.

NSF IS AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO EMPLOYING A
HIGHLY QUALIFIED STAFF THAT REFLECTS THE DIVERSITY OF OUR NATION.

**NATIONAL SCIENCE FOUNDATION
APPLICANT SURVEY**

**OMB No. 3145-0096
Expiration: August 2002**

Vacancy Ann. #: _____

Position Status (temporary/permanent): _____

Position Title/Series/Grade: _____

INSTRUCTIONS

Your completion of this form will be appreciated. Submission of this Information is voluntary and it will have no effect on the processing of your application. The data collected will be used only for statistical purposes to ensure that agency personnel practices meet the requirements of Federal law. Pursuant to 5 CFR 1320.5(b), an agency may not conduct or sponsor, and a person is not required to respond to an information collection unless it displays a valid OMB control number. The OMB control number for this collection is 3145-0096. NSF estimates that each respondent should take about 3 minutes to complete this survey, including time to read the instructions. You may have comments regarding this burden estimate or any other aspect of this survey, including suggestions for reducing this burden. If so, please send them to NSF Reports Clearance Officer, Division of Administrative Services, NSF, 4201 Wilson Blvd., Arlington, VA. 22230.

PRIVACY ACT INFORMATION

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records and forms that solicit personal information.

AUTHORITY - Section 7201 of title 5 of the U.S. Code and Section 2000e-16 of title 42 of the U.S. Code.

PURPOSE AND ROUTINE USES

The information is used for research and for a Federal Equal Opportunity Recruitment Program (FEORP) to help insure that agency personnel practices meet the requirements of Federal law. Address questions concerning this form and its uses to the Privacy Act Officer, National Science Foundation, Arlington, VA 22230.

1. Today's Date: _____

2. Year of Birth: _____

3. How did you learn about the particular position for which you are applying? (Circle appropriate number.)

01 - Newspaper (specify)

10 - Federal, State or local job information center

02 - Contact with NSF Personnel Office

11 - State vocational rehabilitation agency or

(Agency Bulletin Board or other Announcement)

Veterans Administration

03 - NSF-initiated personal contact

12 - State employment office

04 - Science Magazine, or other professional journal or magazine

13 - School or college counselor or other official

(specify)

14 - Private job Information service

05 - Affirmative Action Register

15 - Private employment service

06 - Attendance at conference, meeting or job fair

16 - Friend or relative working at NSF

(specify)

17 - Friend or relative not working at NSF

07 - NSF recruitment at school or college

18 - NSF website

08 - Colleague referral

19 - Internet or other website

09 - NSF Bulletin

20 - Other (specify)

4. Please select the racial/ethnic category with which you most closely identify yourself. (Circle the appropriate letter)

A. **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, who maintains cultural identification through tribal affiliation or community recognition.

B. **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Korea, the Philippine Islands, and Samoa.

C. **Black, not of Hispanic origin.** A person having origins in any of the Black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.

D. **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

E. **White, not of Hispanic origin.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origin.

5. Sex (Circle the appropriate letter.) F - Female M - Male

6. Please provide Information on your disability status by circling the appropriate category below:

1. I do not have a disability; 2. Hearing impairment; 3. Vision impairment; 4. Missing extremities; 5. Partial paralysis; 6. Complete paralysis; 7.

Convulsive disorder; 8. Mental retardation; 9. Mental or emotional illness; 10. Severe distortion of limbs and/or spine; 11. I have a disability but it is not listed.

FOR AGENCY USE

Agency Code: _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

SUPPLEMENTAL QUALIFICATIONS STATEMENT TYPING AND SHORTHAND SKILLS, GS-2/7

Complete and submit this form with you application.

Name _____ SSN _____

The following statement of proficiency in Typing or Shorthand or both will be accepted in lieu of a certificate of proficiency issued by an educational institution or other organization approved by the Office of Personnel Management as an alternative way of meeting the skills and abilities requirement of the position. When completing this form be specific in your claim(s) of proficiency (e.g., 50 w.p.m. and 3 errors). **Do not use ranges of proficiency (e.g., 45-50 w.p.m. and 2-4 errors).**

1. I certify that I can currently type _____ words per minute with no more than ____ errors. (40 wpm required). My typing speed and error rates are based on typing performance for a period of five minutes. I gained my typing skill through: ____ School ____ Work ____ Other*.

*Describe how you gained your skill.

2. I certify that my current shorthand speed is _____ words per minute with no more than _____ errors and I can make correct transcriptions of my notes (80 wpm required). My dictation speed and error rates are based on shorthand performance for a period of 3 minutes. I gained my shorthand skill through: ____ School ____ Work ____ Other*

I understand that claims of proficiency may be verified at the time of consideration for employment. I further understand that my inability to perform as certified above may constitute a basis for termination at the onset of employment or during the probationary period of employment.

NOTE: YOU MUST SIGN AND DATE THIS FORM ON THE REVERSE SIDE.

PRIVACY ACT INFORMATION

The Office of Personnel Management is authorized by section 1302 of Chapter 13 (Special Authority) and sections 1301 and 3304 of Chapter 33 (Examination, Certification and Appointment) of Title 5 of the U.S. Code to collect the information on this form.

Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons) authorizes the collection of your Social Security Number (SSN). Your SSN is used to identify this form with your basic application. It may be used for the same purposes as stated on the application.

The information you provide will be used primarily to determine your qualifications for Federal employment. Other possible uses or disclosures of the information are;

1. To make requests for information about you from any source (e.g. former employers or schools), that would assist an agency in determining whether to hire you;
2. To refer your application to prospective Federal employers and, with your consent, to others (e.g. State and local governments) for possible employment;
3. To a Federal, State, or local agency for checking on violations of law or other lawful purposes in connection with hiring or retaining you on the job, or issuing you a security clearance;
4. To the courts when the Government is party to a suit; and
5. When lawfully required by Congress, the Office of Management and Budget, or General Services Administration.

Providing the information requested on this form, including your SSN is voluntary. However, failure to do so may result in your not receiving an accurate rating, which may hinder your chances for obtaining Federal employment.

ATTENTION - THIS STATEMENT MUST BE SIGNED

Read the following paragraph carefully before signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation.

CERTIFICATION

I CERTIFY that all of the statements made in this Statement are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE (*Sign in ink*)

DATE SIGNED